Opening Statement
Chairman Mark Souder

"Stopping the Methamphetamine Epidemic: Lessons From the Pacific Northwest"

Subcommittee on Criminal Justice, Drug Policy, and Human Resources
Committee on Government Reform

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Good afternoon, and thank you all for coming. This hearing continues our Subcommittee's work on the growing epidemic of methamphetamine trafficking and abuse. I'd like to thank my colleague, Congressman Greg Walden, for inviting me to Pendleton today. Congressman Walden has been a strong advocate in the House for a more effective anti-meth strategy, and I am grateful both for his leadership, and for the assistance that he and his staff provided in setting up this hearing.

With the exceptions of California and Hawaii, the Pacific Northwest has been dealing with meth longer than any other region of the country, so I don't have to tell anyone here about how powerful, dangerous, and destructive a drug it is. In fact, as the title of this hearing indicates, our purpose is to learn from you about how your communities have been suffering from meth, and how you have responded. Congress is currently working on several key pieces of anti-meth legislation, and I hope that the information we gather at this hearing will help us in that effort.

This is actually the eleventh hearing focusing on meth held by the Subcommittee since I became chairman in 2001, and the seventh field hearing. In places as diverse as Indiana, Arkansas, Hawaii, Minnesota, and Ohio, I have heard gripping testimony about how this drug has devastated lives and families. But I have also learned about the many positive ways that communities have fought back, targeting the meth cooks and dealers, trying to get addicts into treatment, and working to educate young people about the risks of meth abuse.

At each hearing we try to get a picture of the state of meth trafficking and abuse in the local area, by asking three questions. First, where does the meth in the area come from, and how do we reduce the supply? Second, how do agencies and organizations in the area get people into treatment, and how do they try to keep young people from starting meth use in the first place? And finally, how is the federal government partnering with state and local agencies to deal with this problem, and how can that partnership be improved?

The question of meth supply divides into two separate issues, because this drug comes from two major sources. The most significant source (in terms of the amount produced) comes

from the so-called "superlabs," which until recently were mainly in California, but are now increasingly located in northern Mexico. By the end of the 1990's these superlabs produced over 70 percent of the nation's supply of meth, and today it is believed that 90 percent or more comes from Mexican superlabs. That national trend holds true here in the Pacific Northwest, as well; for example, it is estimated that 80 to 90 percent of the meth in Portland is brought in by Mexican drug traffickers.[1]

The second major source of meth comes from small, local labs that are generally unaffiliated with major trafficking organizations. These labs, often called "clan" (i.e., clandestine) labs, have proliferated here as they have throughout the country, often in rural areas. Last year, for example, Oregon reported 352 such lab seizures, and Washington state 422. Those are high numbers, although by comparison, Indiana reported 587 labs, and Missouri 1,115 labs during the same year.[2]

The total amount of meth actually supplied by these labs is relatively small; however, the environmental damage and health hazard they create (in the form of toxic chemical pollution and chemical fires) make them a serious problem for local communities, particularly the state and local law enforcement agencies forced to uncover and clean them up. Children are often found at meth labs, and have frequently suffered from severe health problems as a result of the hazardous chemicals used.

So how do we reduce the supply? Since meth has no single source, no single regulation will be able to control it effectively. To deal with the local meth lab problem, many states have passed various forms of retail sales restrictions on meth precursor chemicals like pseudoephedrine (used in cold medicines). Some states limit the number of packages a customer can buy; others have forced cold medicines behind the counter in pharmacies. Here in Oregon, the state government has gone so far as to make pseudoephedrine a prescription-only medication. I have some concerns about whether the law enforcement benefit of these restrictions is significant enough to justify the burden on consumers, retailers, and the health care system, but I am looking forward to hearing from our witnesses today about that subject.

However, regardless of which retail sales regulations are enacted by the state or the federal government, they will not reduce the large-scale production of meth in Mexico. That problem will require either better control of the amount of pseudoephedrine going into Mexico – which appears to be on the rise[3] – or better control of drug smuggling on our Southwest border, or both. The federal government – in particular the Departments of Justice, State, and Homeland Security – will have to take the lead if we are to get results.

The next major question is demand reduction – how do we get meth addicts to stop using, and how do we get young people not to try meth in the first place? I am encouraged by the work of a number of programs at the state and local level, with assistance from the federal government, including drug court programs (which seek to get meth drug offenders into treatment programs in lieu of prison time); the Drug-Free Communities Support Program (which

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1 "Home Labs May Soon Vanish, But Not Meth," *The Oregonian*, June 23, 2005.

2 Source: El Paso Intelligence Center (EPIC) data.

3 See *The Mexican Connection*, Steve Suo, The Oregonian, June 5, 2005

assists community anti-drug coalitions with drug use prevention); and the President's Access to Recovery treatment initiative (which seeks to broaden the number of treatment providers). But we should not minimize the task ahead: this is one of the most addictive drugs, and treatment programs nationwide have not had a very good success rate with meth.

The final question we need to address is how the federal government can best partner with state and local agencies to deal with meth and its consequences. Perhaps the best example of this kind of partnership is the High Intensity Drug Trafficking Areas program ("HIDTA"), which brings together federal, state, and local law enforcement agencies in cooperative, anti-drug operations and intelligence sharing. There are HIDTAs in both Oregon and Washington state, and I am pleased that the directors of both were able to join us today. Other programs designed to help state and local communities include the Byrne Grants and COPS Meth Hot Spots programs (which help fund anti-meth law enforcement task forces); the DEA's fund for meth lab cleanup costs; and the Safe and Drug-Free Schools program, which ideally should help schools provide anti-meth education.

However, we will never have enough money, at any level of government, to do everything we might want to with respect to meth. That means that Congress, and state and local policymakers, need to make some tough choices about which activities and programs to fund, and at what level. We also need to strike the appropriate balance between the needs of law enforcement and consumers, and between supply reduction and demand reduction.

The House and Senate are currently considering a number of different bills concerning meth, and I am hopeful that we will be able to take strong, effective action before the end of the year. Together with Jim Sensenbrenner, chairman of the House Judiciary Committee, Majority Leader Roy Blunt, the four co-chairs of the Congressional Meth Caucus, Congressman Walden, and over 40 other Members, I recently introduced H.R. 3889, the Methamphetamine Epidemic Elimination Act, which would authorize new regulations of precursor chemicals, tougher criminal penalties for major meth traffickers, and monitoring of the international market for precursors. We may be able to get that bill to the House floor for a vote by next month. But numerous other proposals, including classifying pseudoephedrine as a "Schedule V" narcotic under federal law, will have to be considered by Congress as well.

We have an excellent group of witnesses today, who will help us make sense of these complicated issues. On our first panel, we are joined by Mr. Rodney Benson, Special Agent in Charge of the DEA's Seattle Field Division; and Directors Chuck Karl of the Oregon HIDTA, and Dave Rodriguez of the Northwest HIDTA.

On our second panel, we are pleased to be joined by Karen Ashbeck, a mother and grandmother who has spoken out about meth abuse within her own family; Sheriff John Trumbo of Umatilla County, and Sheriff Tim Evinger of Klamath County; Washington State Senator Jerome Delvin; Rick Jones of Choices Counseling Center; Kaleen Deatherage, Director of Public Policy for the Oregon Partnership - Governor's Meth Task Force; Tammy Baney, Chair of the Deschutes County Commission on Children and Families; and Shawn Miller of the Oregon Grocery Association. We thank everyone for taking the time to join us today, and look forward to your testimony.